

Washington State Institute for Public Policy

Benefit-Cost Results

Multicomponent environmental interventions to prevent youth tobacco use Public Health & Prevention: Population-level policies

Benefit-cost estimates updated December 2016. Literature review updated June 2016.

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our Technical Documentation.

Program Description: Multicomponent environmental interventions for reducing youth tobacco use target community policies and norms and outlets where youth purchase tobacco (e.g., retail tobacco shops, grocery or convenience stores). Interventions often start with community mobilization, media coverage of youth substance use and potential harm, and merchant education. Interventions were implemented across a range of rural and urban communities, for varying periods of time (approximately 2-3 years). In this analysis we only include interventions with a component targeting illegal retail tobacco sales to minors. We include four studies that isolate effects of community-level intervention. Two compare intervention sites to sites receiving no intervention, and two compare sites with a school-based program only to sites with both school-based and community-level intervention. Most interventions were implemented in the mid-1990's, paralleling implementation of state and federal tobacco control policies.

Benefit-Cost Summary Statistics Per Participant							
Benefits to:							
Taxpayers	\$346	Benefit to cost ratio	\$8.32				
Participants	\$597	Benefits minus costs	\$1,133				
Others	\$388	Chance the program will produce					
Indirect	(\$42)	benefits greater than the costs	86 %				
Total benefits	\$1,288						
Net program cost	(\$155)						
Benefits minus cost	\$1,133						

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2015). The chance the benefits exceed the costs are derived from a Monte Carlo risk analysis. The details on this, as well as the economic discount rates and other relevant parameters are described in our Technical Documentation.

Detailed Monetary Benefit Estimates Per Participant									
Benefits from changes to:1	Benefits to:								
	Participants	Taxpayers	Others ²	Indirect ³	Total				
Labor market earnings associated with high school graduation	\$608	\$276	\$279	\$0	\$1,164				
Health care associated with smoking	\$32	\$99	\$122	\$49	\$302				
Costs of higher education	(\$44)	(\$29)	(\$14)	(\$15)	(\$101)				
Adjustment for deadweight cost of program	\$0	\$0	\$0	(\$77)	(\$77)				
Totals	\$597	\$346	\$388	(\$42)	\$1,288				

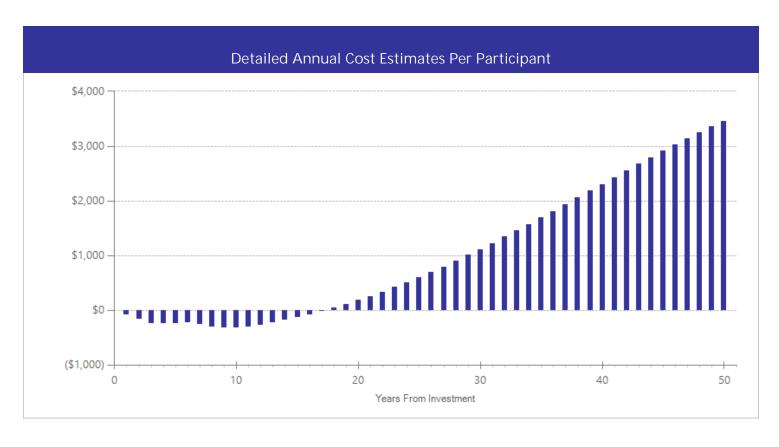
¹In addition to the outcomes measured in the meta-analysis table, WSIPP measures benefits and costs estimated from other outcomes associated with those reported in the evaluation literature. For example, empirical research demonstrates that high school graduation leads to reduced crime. These associated measures provide a more complete picture of the detailed costs and benefits of the program.

^{3&}quot;Indirect benefits" includes estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Detailed Annual Cost Estimates Per Participant								
	Annual cost	Year dollars	Summary					
Program costs Comparison costs	\$53 \$0	2015 2015	Present value of net program costs (in 2015 dollars) Cost range (+ or -)	(\$155) 30 %				

Estimated program costs are based on the SAMHSA NREPP cost report for the Communities Mobilizing for Change on Alcohol intervention. We include costs for a community organizer and their expenses, and also for intensive training through the Youth Leadership Institute (http://yli.org/communities-mobilizing-for-change-on-alcohol/), assuming that the effects found in research evaluations were produced by community organizers with high levels of training and support.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The cost range reported above reflects potential variation or uncertainty in the cost estimate; more detail can be found in our Technical Documentation.



²"Others" includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance.

The graph above illustrates the estimated cumulative net benefits per-participant for the first fifty years beyond the initial investment in the program. We present these cash flows in non-discounted dollars to simplify the "break-even" point from a budgeting perspective. If the dollars are negative (bars below \$0 line), the cumulative benefits do not outweigh the cost of the program up to that point in time. The program breaks even when the dollars reach \$0. At this point, the total benefits to participants, taxpayers, and others, are equal to the cost of the program. If the dollars are above \$0, the benefits of the program exceed the initial investment.

Meta-Analysis of Program Effects										
Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect sizes and standard errors used in the benefit- cost analysis					(random effects		
			First time ES is estimated			Second time ES is estimated			model)	
			ES	SE	Age	ES	SE	Age	ES	p-value
Smoking before end of middle school	2	2882	-0.017	0.028	12	-0.017	0.028	15	-0.051	0.067
Smoking in high school	2	2261	-0.047	0.035	15	-0.047	0.035	18	-0.145	0.001
Sales to minors (tobacco)	4	123	-0.324	0.153	12	n/a	n/a	n/a	-0.709	0.001

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our Technical Documentation.

Citations Used in the Meta-Analysis

- Altman, D.G., Wheelis, A.Y., McFarlane, M., Lee, H.-R., & Fortmann, S.P. (1999). The relationship between tobacco access and use among adolescents: a four community study. *Social Science & Medicine*, 48(6), 759-775.
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- Perry, C.L., Komro, K.A., Veblen-Mortenson, S., Bosma, L.M., Farbakhsh, K., Munson, K.A., et al. (2003). A randomized controlled trial of the middle and junior high school D.A.R.E. and D.A.R.E. Plus programs. *Archives of Pediatrics & Adolescent Medicine*, 157(2), 178-184.

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Washington State Institute for Public Policy

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